Mistreatment in the Learning Environment

FMNEA
FMF
November 2018

Bruce D. Martin, MD, CCFP(PC), FCFP
Disclosure Statement

Roles:

- Postgraduate Program Director, Department of Family Medicine, Max Rady College of Medicine: salaried.
- Physician, WRHA Palliative Care Program: contracted.

Industry Relationships:

- No industry funding received from pharmaceutical, biotechnology, or medical supply corporations. No funding received from funeral industry.
- No fees received from speakers’ bureaus.
Presentation Overview

- Defining mistreatment
- Accreditation Standards
- Surveillance of the Learning Environment
- Prevalence of Mistreatment
- Institutional Approaches to Change
- Selected Literature
- Your Life/My Life: Sharing Perspectives
Defining Mistreatment
Defining Mistreatment

Oxford English Dictionary:

Noun: the action of mistreating or fact of being mistreated; ill-treatment.

Verb (*mistreat*): Treat (a person or animal) badly, cruelly, or unfairly.
Defining Mistreatment

CFPC *Standards of Accreditation (2018)* glossary:

“Unprofessional behaviour involving intimidation, harassment, and/or abuse.”
Defining Mistreatment

**Stanford SoM Rubrics**

**Definition of Mistreatment**

- Malicious Intent
- Intimidation on Purpose
- Sexual Harassment
- Threatening Behavior
- Racism and other discrimination
- Explicit humiliation
- Abuse; physical or verbal
- Trading for Favors

Adapted from U of Chicago - [http://pritzker.uchicago.edu/current/students/treatment.shtml](http://pritzker.uchicago.edu/current/students/treatment.shtml)
Defining Mistreatment

Sexual harassment
Physical or verbal abuse
Assigning duties as punishment rather than education
Requiring a student to perform personal services (such as shopping or babysitting)
Unwarranted exclusion from reasonable learning or professional opportunities
Evaluation or grading on inappropriate criteria (or threatening to do so)
Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law
Accreditation Standards
DOMAIN: Learners, teachers, and administrative personnel
STANDARD 5: Safety and wellness are promoted throughout the learning environment.
Element 5.1: The safety and wellness of patients and residents are actively promoted.
  5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.
    5.1.3.3: The processes regarding identification, reporting, and follow-up of resident mistreatment are applied effectively.
DOMAIN: Learners, teachers, and administrative personnel
STANDARD 5: Safety and wellness are promoted throughout the learning environment.
Element 5.1: The safety and wellness of patients and residents are actively promoted.

5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.

5.1.3.3: The processes regarding identification, reporting, and follow-up of resident mistreatment are applied effectively.
DOMAIN: Continuous Improvement

STANDARD 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.

Element 9.1.1.2: There is an evaluation of the learning environment.
DOMAIN: Continuous Improvement

STANDARD 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.

Element 9.1.1.2: There is an evaluation of the learning environment.
Element 4.1: The safety and wellness of patients and residents are actively promoted.

4.1.4.4: The postgraduate office has an effective mechanism for reporting and addressing instances of mistreatment.
POSTGRAD STANDARDS OF ACCREDITATION

“ACCREDITATION AND THE ISSUE OF INTIMIDATION AND HARASSMENT IN POSTGRADUATE MEDICAL EDUCATION: GUIDELINES FOR SURVEYORS AND PROGRAMS”

Approved October 2004
RCPSC, CFPC, CMQ
“ACCREDITATION AND THE ISSUE OF INTIMIDATION AND HARASSMENT …..

Each university must have a Code of Conduct or Standards of Professionalism that is foundational in defining the behaviour that is required throughout the institution and training programs.

This formal mechanism for support and investigation should be widely known.
“ACCREDITATION AND THE ISSUE OF INTIMIDATION AND HARASSMENT …..

“Intimidation is a form of abuse and, as with other forms of abuse, any is too much.”
Surveillance of the Learning Environment
Surveillance

Definition (Business Dictionary):

*Ongoing close observation and collection of data or evidence, for a specified purpose or confined to a narrow sector.*

Surveillance is different than reporting .....
Surveillance

*Our* approach:

Anonymous

End of each clinical rotation (*on-* and *off-service*)

Gender and IMG/CMG specific

Clinical discipline and site identifiers

.............
Surveillance

Our approach:

Behaviours Experienced or Witnessed:
(16 categories)

Frequency of experiencing or witnessing behaviours:
never, once, occasionally (2-4 times), frequently (≥ 5 times)
Surveillance

Our approach:

Who ‘manifest’ the behavior(s) *directed to* the learner

Who ‘manifest’ the behavior(s) that were *witnessed by* the learner

..........
Surveillance

Who manifest the behavior:

Clinical Faculty (classroom)  Nurse
Clinical Faculty (clinical setting)  Administrator
Other resident  Other institutional employee
Medical student  Patient or patient’s family
Learner other than resident or medical student
Prevalence of Mistreatment
Prevalence of Mistreatment

Experienced intimidation or harassment in the 12 months preceding the survey:

Yes: 78.2%
No: 21.8%
Prevalence of Mistreatment

Source of Harassment or Intimidation During the Previous 12 Months

N=6,783 – Weighted

- Patient: 77.1%
- Allied health professional: 55.3%
- Staff physician: 51.9%
- Resident from another program: 35.7%
- Resident in your program: 19.2%
- Other: 14.8%
- Program director: 7.6%
## Prevalence of Mistreatment

<table>
<thead>
<tr>
<th>Form of Harassment or Intimidation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate verbal comments</td>
<td>94.6</td>
</tr>
<tr>
<td>Work as punishment</td>
<td>20.5</td>
</tr>
<tr>
<td>Privileges/opportunities taken away</td>
<td>17.1</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>11.2</td>
</tr>
<tr>
<td>Inappropriate or unwanted physical contact</td>
<td>11.2</td>
</tr>
<tr>
<td>Other</td>
<td>11.0</td>
</tr>
<tr>
<td>Recrimination for reporting</td>
<td>7.8</td>
</tr>
</tbody>
</table>

*N=6,783 - Weighted*
Prevalence of Mistreatment

Basis of Harassment or Intimidation Experienced in Previous 12 Months*

N=6,783 - Weighted

- Other basis: 53.3%
- Gender: 38.4%
- Culture: 10.5%
- Ethnicity: 9.4%
- Sexual orientation: 3.6%
- Language: 1.5%
Prevalence of Mistreatment

Systematic review (US) published in 2014 of literature published before 2011: prevalence rates averaged 59% for students and 63% for residents.

“...the literature describes a persistently high prevalence of mistreatment. This suggests.... that the problem is part of the fabric of our institutional environments ...”

Sklar DP. 2014
Impact of Mistreatment
Impact of Mistreatment

Not surprising ....

Medical student mistreatment results in symptoms of posttraumatic stress.

Heru A et al. *Academic Psychiatry*. 2009
Impact of Mistreatment

Burnout ....

Poor team function

Ultimately impact on patient care and patient safety.
Institutional Approaches to Change
Institutional Approaches to Change

Fried et al reported efforts, such as student and faculty lectures and training, made over a 12-year period (1996–2008) to reduce mistreatment at their institution. They, too, concluded that these efforts did not appear to change the prevalence of mistreatment. They suggested that more targeted interventions aimed at identified individuals might augment institution-wide programs.
Institutional Approaches to Change

There could be hope ...

Mistreatment of Students and Residents: Why Can’t We Just Be Nice?

David P. Sklar, Editor
Academic Medicine, 2014
Institutional Approaches to Change

Use the injury prevention literature:

Analyze the injury (the who, what, where, why...) and intervene.

MVA → seatbelts
Bike accidents → helmets
Fire deaths → smoke detectors
Institutional Approaches to Change

Use the injury prevention literature:

Learner Mistreatment:

- Surveillance
- Intervention at each level (learner, faculty, institution)
- Resources to adopt interventions and share your successes
- Continue to respond to violations, and make the responses known
Institutional Approaches to Change

Adapted from Hickson et al:
Institutional Approaches to Change

Tools for students
Tools for educators

Institutional Approaches to Change

World Medical Association:

WMA Statement on Bullying and Harassment within the Profession

Adopted by the 68th General Assembly, Chicago, October 2017
A few WMA Recommendations:

Bystanders have a responsibility to take action.
Professionalism is not just how we treat our patients, but how we treat each other as professional colleagues. Acting professionally means also being vigilant and stepping in to intervene, for the good of all.

Healthcare needs good teams. Eliminating bullying ensures a safer team environment and a safer healthcare environment for patients.
Institutional Approaches to Change

Mistreatment of Students and Residents: Why Can’t We Just Be Nice?

And we are all in it together .....
Your Life/My Life: Sharing Perspectives
Mistreatment in the Learning Environment

FMNEA
FMF
November 2018

Bruce D. Martin, MD, CCFP(PC), FCFP
Selected Literature
References


Family medicine graduates’ perceptions of intimidation, harassment, and discrimination during residency training.

Rodney A Crutcher, Olga Szafran, Wayne Woloschuk, Fatima Chatur and Chantal Hansen

BMC Medical Education 2011, 11:88
Conclusions: Perceptions of IHD are prevalent among family medicine graduates. Residency programs should explicitly recognize and robustly address all IHD concerns.
Literature

Patterns and Predictions of Resident Misbehavior—A 10-Year Retrospective Look

Resnick A. et al.

Department of Surgery, University of Pennsylvania, Philadelphia, Pennsylvania,

Literature

Resnick A. et al.

Observations: The most common complaints concerned professional conduct (83%), protocol violation (33%), verbal mistreatment (23%), deficiencies of administrative duties (8%), violations of physical boundaries (5%), deficient medical student interaction (5%), and mistreatment of attendings by residents (3%).
Conclusions (Abridged) : Resident misbehavior manifests early and recurs often. Furthermore, it is frequently directed toward perceived subordinates. Identified residents require close surveillance and remediation.
Literature

Relationship between medical student perceptions of mistreatment and mistreatment sensitivity

Bursch B. et al.
David Geffen School of Medicine at UCLA, USA
2012
Medical Teacher
Literature

Bursch B. et al.

Conclusions: This study provides preliminary evidence that challenges the hypothesis that medical students who perceive mistreatment by their superiors are simply more sensitive.
https://stratog.rcog.org.uk/tutorials/non-technical-skills
Giving Effective Feedback in Training (8/8)

- Frank bullying
- A consultant's bad day
- A trainee's bad day
- Senior and junior trainee interactions
- Undermining behaviour from other colleagues
- Insight
- Giving criticism
- Conclusion
https://stratog.rcog.org.uk/tutorials/non-technical-skills